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95814

(3) MILEAGE RATE CLAIMED

\$189.73

PAID BY REVOLVING FUND CHECK NUMBER

DATE _____

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Important Note

STATE OF CALIFORNIA – DEPARTMENT OF PERSONNEL ADMINISTRATION
TRAVEL EXPENSE CLAIM
STD. 262 (REV. 9/2007)

See Instructions and *Privacy
Statement On Reverse Side

Page 1 of 1 Pages

CLAIMANT'S NAME
LUCINDA EHNES

SSN or EMPLOYEE NUMBER*

DEPARTMENT
DMHC

POSITION
DIRECTOR

CB/ID No.
NON

DIVISION or BUREAU
DIRECTOR'S OFFICE

INDEX NUMBER
1000

RESIDENCE ADDRESS *

HEADQUARTERS ADDRESS
980 9TH STREET, SUITE 500

TELEPHONE NUMBER
322-2012

CITY
CA

STATE
CA

ZIP CODE
95814

CITY
SACRAMENTO

STATE
CA

ZIP CODE
95814

(1) NORMAL WORK HOURS

(2) PRIVATE VEHICLE LICENSE NUMBER

(3) MILEAGE RATE CLAIMED


(4) MONTH/YEAR 6-22-10	(6) LOCATION WHERE EXPENSES WERE INCURRED	(7) LODGING	(8) MEALS			(9) INCIDENTALS	(10) TRANSPORTATION				(11) BUSINESS EXPENSE	(12) TOTAL EXPENSES FOR DAY	
(5) DATE TIME			BREAK-FAST	LUNCH	O.T., L/T, N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE MILES AMOUNT			
06-22 0700	Sacramento to Berkeley			10.00				SC	9.00		0.00		19.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
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											0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
(13)	SUBTOTALS		0.00	0.00	10.00	0.00	0.00	0.00		9.00	0.00	0.00	19.00
COLUMN CODE (ACCTG. USE ONLY)													
CLAIM TOTAL												\$19.00	

(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)
6-22-10 - Attended a meeting with UC Berkeley School of Public Health.
Attended a meeting with IGS Program Committee at UC Berkeley.


AGENCY ACCOUNTING OFFICE
USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE


DATE

(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT


DATE

(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)

DATE